

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020201

1. Entity Name

METRO ADVERTISING SERVICES OF FLORIDA, INC.

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90095 042 \*\*\*150.00

Principal Place of Business  
5950 PELICAN PLAZA  
401  
GULFPORT FL 33707  
US

Mailing Address  
5950 PELICAN PLAZA  
401  
GULFPORT FL 33707  
US

AUUU7000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-3438312**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SCHUTT, WILLIAM  
5950 PELICAN PLAZA  
GULFPORT FL 33707

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	SCHUTT, WILLIAM M	<input type="checkbox"/> Delete
NAME		5950 PELICAN PLAZA STE 401	
STREET ADDRESS		GULFPORT FL 33707	
CITY-ST-ZIP			
TITLE	D	SCHUTT, WILLIAM M	<input checked="" type="checkbox"/> Delete
NAME		5950 PELICAN PLAZA	
STREET ADDRESS		ST PETERSBURG FL 33707	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		SCHUTT William Martin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2137 PREMIER DRIVE	
STREET ADDRESS		GULFPORT FL 33707	
CITY-ST-ZIP			
TITLE		JAMES SCOTT SCHUTT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		13700 GOLF BLVD APT H 4	
STREET ADDRESS		MADEIRA BEACH FL 33708	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an otherlike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)